Couples’ adaptation to chronic illness: The importance of effective communication

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Marriage and Health

Marital Status
- Married
- Not Married

Quality of Marriage
- Happy; "Good Enough"
- Distressed

Communication
- Marital therapy; other support resources
- Other support resources
Types of Communication

- Sharing thoughts and feelings
  - Expression of important thoughts/feelings/concerns; “I” statements
  - Reflective listening, demonstrating acceptance, validation, empathy

- Decision-making/problem solving
  - Statement of problem
  - Why it is important
  - Generating solutions
  - Compromise
Importance of Communication – in the context of illness

- Emotional support
- Intimacy
- Problem-solving
- Relationship equity
Communication Difficulties

- Even couples who have strong relationships can struggle communicating about health issues. Many important issues are difficult to discuss (e.g., fear, pain, dependence, guilt, resentment, sex....)

- Avoidance is common
  - Protective buffering
  - Embarrassment
  - Helplessness
  - Tyranny of positivity

- Avoidance is associated with poorer adjustment for patients and partners
Communication Interventions

- Delivered to individual couples by psychologists or social workers; in person or via phone
- 4-6 sessions
- Content:
  - Rationale
  - Brief assessment
  - Skills training
  - Practice – in session with therapist feedback; at home
Results of clinical trials

- Improvements in patient adaptation
  - Breast cancer: Psychological distress (Baucom et al., 2009)
  - Lung cancer: Pain, depression, QOL, self-efficacy (Porter et al., 2011)

- Improvements in partner adaptation
  - Breast cancer: Psychological well being (Baucom et al., 2009)
  - Lung cancer: Anxiety, self-efficacy (Porter et al., 2011)

- Improvements in relationship adjustment
  - Breast cancer: Relationship quality (Baucom et al., 2009)
  - GI cancer: Relationship quality, intimacy (Porter et al., 2009, 2012)
Current studies

• Couples Communication Intervention for GI Cancer (ACS PEP-12-180-01-PCS)
  • Targeted to couples who report difficulties in communication on the Holding Back scale
  • Delivered via videoconference

• Couple-based intervention for parents of children with cancer (NCI R21 CA164817)
  • First intervention study targeting couples who are parenting a child with cancer
Key Questions

- Range of benefits (adherence, health outcomes for patient/partner, cost benefit)
- Who is most likely to benefit
- Integration into the health care system
Suggestions for Clinicians

• Don’t assume...

• Assess communication (patient and partner):
  • What are some of your main concerns?
  • Are you able to discuss these with your partner? If not, why?

• Encourage and model open communication about difficult topics and acceptance/validation of patient’s and partner’s concerns.

• Acknowledge partner burden/distress and encourage self-care.

• If patient or partner has clinically significant levels of anxiety or depression (or a history of mental illness), refer for psych treatment.
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References